

APPLICATION FOR SPONSORSHIP

Basic Law Enforcement Training



Return to:
Cpl. Dale W. Mills
Personnel and Recruiting Officer
Greenville Police Department
P.O. Box 7207
Greenville, NC 27835-7207

Print legibly in black ink. Fill in all the blanks. Applications missing supporting documents will not be processed.

INSTRUCTIONS: Using a typewriter or legibly printing in ink, fill out this form completely and accurately. If you need extra space, add additional pages and identify the information by item number. If an item does not apply to you, indicate by entering *N/A* in the blank.

NOTE: All statements are subject to verification and any incorrect statements or omissions may bar or remove you from certification. Truthful statements to any item requested will not necessarily exclude you from consideration.

NOTE: The Social Security Number is used to make positive identification of applicant and/or law enforcement personnel. DISCLOSURE IS VOLUNTARY However, failure to provide this information may result in a delay in the processing of application materials and may result in inaccurate records being assigned to you.

ESSAY

Write a five-hundred (500) word essay on why you would like to become a Greenville Police Officer.

REFERENCES

Enclose with this application three (3) letters of reference from Pitt County residents who are not related to you stating your character and why they recommend you to be a police officer with the City of Greenville.

DOCUMENTS

Include with this application a copy of your NC Drivers License, Social Security Card, High School Diploma, and Birth Certificate.

PERSONAL

1. Name: _____ 2. _____
First Middle Last Social Security Number

All Previous Names: _____

Nicknames or Aliases: _____

3. Present Mailing Address: _____
Street & Number City County State Zip Code

Telephone Number: Home: _____ Work: _____

4. Date of Birth: _____ 5. Place of Birth: _____

6. Citizenship: ☐ US Born ☐ U.S. Naturalized ☐ Other – Specify _____

NOTE: Data solicited for 7 and 8 will be utilized for Equal Employment Statistical Information purposes only.

7. Ethnic Background

- ☐ A. American Indian ☐ D. Spanish American
☐ B. Asian American ☐ E. White
☐ C. Black ☐ F. Other _____

8. Sex: ☐ Male ☐ Female

EDUCATIONAL

9. Indicate below the schools you have attended. (Include incomplete courses)

School Type	Name & Address (City & State)	No. Full Yrs. Completed	When Attended	Graduated (Year)	Degree Awarded	Major Field
High Schools						
University or Colleges						
Extension or Correspondence Courses						

10. If you did not graduate from high school, have you passed the General Educational Development (GED) Test?

☐ Yes ☐ No If yes, when and where did you complete the GED?

NOTE: Questions included in the next section are intended to assist in the conducting of background investigation and are not intended for use by the employing agency as disqualifying factors.

FAMILY HISTORY

11. Are you related by blood or marriage to any person(s) now employed by this agency?

☐ Yes ☐ No If yes, give name(s) and details:

12. Is any member(s) of your immediate family now in prison or on either probation or parole?

☐ Yes ☐ No If yes, give name(s) and details:

RESIDENCES

13. List addresses for past 10 years starting with present address at top:

FROM		TO		Address of Residence (Include County of Residence)	City, State & Zip Code	Landlord
Mo.	Yr.	Mo.	Yr.			

14. Have you ever been sued with a civil judgment being rendered against you?

☐ Yes ☐ No If yes, give details:

WORK HISTORY

15. Have you ever been denied employment by a criminal justice agency?

☐ Yes ☐ No If yes, list agency name and give details:

16. If you have ever been discharged or requested to resign from any position because of criminal or personal misconduct or rules violations, give details:

17. Do you object to wearing a uniform? ☐ Yes ☐ No

18. Do you object working nights? ☐ Yes ☐ No

19. Do you object to working rotating shifts? ☐ Yes ☐ No

20. List all the jobs you have held in the last three years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs.

A.

Title of present or last position _____		Starting Salary _____	Last Salary _____
Date employed:	Name and title of supervisor:	No. employees supervised by you:	
Date separated:	Employer: _____	Phone Number _____	
Full-time Yrs. Mos.	Address: _____		
Part-time Yrs. Mos.	Street _____	City _____	State _____ Zip Code _____
If part-time, number of hours worked per week:	Duties: _____		

Reason for Leaving: _____

B.

Title of present or last position _____		Starting Salary _____	Last Salary _____
Date employed:	Name and title of supervisor:	No. employees supervised by you:	
Date separated:	Employer: _____	Phone Number _____	
Full-time Yrs. Mos.	Address: _____		
Part-time Yrs. Mos.	Street _____	City _____	State _____ Zip Code _____
If part-time, number of hours worked per week:	Duties: _____		

Reason for Leaving: _____

C.

Title of present or last position _____		Starting Salary _____	Last Salary _____
Date employed:	Name and title of supervisor: _____	No. employees supervised by you: _____	
Date separated:	Employer: _____	Phone Number _____	
Full-time Yrs. Mos.	Address: _____		
Part-time Yrs. Mos.	Street _____	City _____	State _____ Zip Code _____
If part-time, number of hours worked per week: _____	Duties: _____		

Reason for Leaving: _____

D.

Title of present or last position _____		Starting Salary _____	Last Salary _____
Date employed:	Name and title of supervisor: _____	No. employees supervised by you: _____	
Date separated:	Employer: _____	Phone Number _____	
Full-time Yrs. Mos.	Address: _____		
Part-time Yrs. Mos.	Street _____	City _____	State _____ Zip Code _____
If part-time, number of hours worked per week: _____	Duties: _____		

Reason for Leaving: _____

E.

Title of present or last position _____		Starting Salary _____	Last Salary _____
Date employed:	Name and title of supervisor: _____	No. employees supervised by you: _____	
Date separated:	Employer: _____	Phone Number _____	
Full-time Yrs. Mos.	Address: _____		
Part-time Yrs. Mos.	Street _____	City _____	State _____ Zip Code _____
If part-time, number of hours worked per week: _____	Duties: _____		

Reason for Leaving: _____

F. Explain periods of unemployment of three months or more. _____

MILITARY SERVICE

21. Were you ever in the U.S. Military or any other military organization? ☐ Yes ☐ No

22. What was the date and location of your last discharge from active duty?

Date: _____ Location: _____

23. Was your last discharge honorable? ☐ Yes ☐ No

(If no, was it characterized as: ☐ Bad Conduct ☐ Dishonorable)

24. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, or non-judicial punishment (Captain's mast, company punishment, Article 15, etc.) or **any other disciplinary action** while a member of the armed forces?

☐ Yes ☐ No If yes, explain: _____

USE OF ALCOHOL OR DRUGS

NOTE: In questions 25, 26, 27, 28, the words drink or used mean "one time or more, including experimentation." if any answer is yes, give full and complete details. (Attach extra sheets if necessary.)

25. Do you drink alcoholic beverages? ☐ Yes ☐ No If yes, to what degree?

26. Have you ever used marijuana? ☐ Yes ☐ No If yes, what were the circumstances?

When was the last time? _____

27. Have you ever used any illegal drugs including but not limited to, opiates, pills, heroin, cocaine, crack, LSD, etc.? ☐ Yes ☐ No If yes under what circumstances?

When was the last time? _____

28. Have you ever used prescription drugs other than under the supervision of, or as prescribed by, a physician? ☐ Yes ☐ No If yes, please explain the circumstances:

CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS

NOTE: Include all offenses other than minor traffic offenses. The following area are not minor traffic offenses and must be listed below: DWI, DUI (alcohol or drugs), duty to stop in the event of an accident, driving while license permanently revoked, and speeding to elude arrest.

Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you. If any doubt exists in your mind as to whether or not you were arrested or charged with a criminal offense at some point in your life or whether an offense remains on your record, you should answer "Yes." You should answer "No," only if you have never been arrested or charged, or your record was expunged by a judge's court order.

29. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense?
(The term "charged" as used in this question includes being issued a citation or criminal summons.)

☐ Yes ☐ No If Yes, give details below:

A. Offense Charged: _____ Law Enforcement Agency: _____

Date: _____ Disposition of Case: _____

B. Offense Charged: _____ Law Enforcement Agency: _____

Date: _____ Disposition of Case: _____

C. Offense Charged: _____ Law Enforcement Agency: _____

Date: _____ Disposition of Case: _____

(ATTACH EXTRA SHEETS, IF NECESSARY)

30. Have you ever had a Domestic Violence Protection Order issued against you?

(Include both ex-parte Domestic Violence Protective Orders and those entered subsequent to a hearing)

☐ Yes ☐ No

Date of Issuance: _____

County of Issuance: _____

Name of Plaintiff: _____

Date of Expiration: _____

31. Under federal law you may be disqualified to receive or possess a firearm if you meet any of the following conditions:

(a) Currently under Indictment or Information in any court for a crime punishable by imprisonment for a term exceeding one year.

(b) Have been convicted in any court of a crime punishable by imprisonment for a term exceeding one year. A person would not be ineligible under this criteria if the person has been pardoned for the crime or conviction, the crime or conviction has been expunged or set aside, or the person has had his/her civil rights restored, and under the law where the conviction occurred, the person is not prohibited from receiving or possessing any firearm.

(c) Are a fugitive from justice.

(d) Are an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance.

(e) Have been adjudicated mentally defective or have been involuntarily committed to a mental institution.

(f) Have been discharged from the Armed Forces under dishonorable conditions.

(g) Are illegally in the United States.

(h) Have renounced his/her citizenship, having previously been a citizen of the United States.

NOTE: A "crime punishable by imprisonment for a term exceeding one year," as discussed in (a) and (b) above is defined in federal law so as to exclude most misdemeanors in North Carolina.

Based upon the above information, are you disqualified to receive or possess firearms under any of the provisions of federal law? ☐ Yes ☐ No If yes, explain: _____

32. Have you been convicted of a misdemeanor under federal or state law which has, as an element, the use or attempted use of physical force or threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim (domestic violence offense)?

☐ Yes ☐ No Offense Charged: _____
Law Enforcement Agency: _____
Date: _____
Disposition: _____

33. Have you ever been charged with or convicted of a felony? ☐ Yes ☐ No If yes, give details: _____

34. Have you ever been placed on probation? ☐ Yes ☐ No If yes, give details: _____

35. Have you ever been required to pay a fine in excess of \$50.00 (this does not include court costs)?

☐ Yes ☐ No If yes, give details: _____

36. Can you operate a motor vehicle? ☐ Yes ☐ No

37. Do you possess a valid driver's license from the State of North Carolina? ☐ Yes ☐ No

Driver's License Number: _____ Year Issued: _____

38. Do you possess a driver's license by any state other than the State of North Carolina? ☐ Yes ☐ No

If yes, give the state and number: _____

39. Was your license ever suspended or revoked? ☐ Yes ☐ No If yes, state which and give reasons: _____

40. Was your license ever restored: ☐ Yes ☐ No When? _____

41. Have your driving privileges ever been restricted: ☐ Yes ☐ No If yes, give detail _____

42. Give the names of three (3) responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality, and other qualities.

NAME	ADDRESS	TELEPHONE
1)		
2)		
3)		

(Signature in Full)